| PLEASE TYPE OR PRINT Entered previous May Show |
|---|
| Ms. Robert J. CWIOK |
| (Last Name Last |
| Permanent 2621 N. MOVELAND Blvd Cleve Street |
| |
| 44120 Tel. (216) 991-2484 |
| Zip Area Code |
| Temporary or Studio Address 2144 MWMay Hill Cleve City |
| 44106 Tel. (no phone- |
| Zip Area Code |
| If you do not presently live in one of the counties of the Western Reserve, which county were you born in? |
| Collaborator Nove (If Any) |
| If May Show entries are not accepted or not sold: Artist will pick up at Museum. Museum should dispose of. Museum should ship to artist C.O.D. at this address: |
| Realisacata BS |
| K (alluanos) So |
| Special Instructions When necessary include below instructions or a drawing of how the object is to be assembled and displayed. |
| 2 11 Small 6) |
| This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted. |
| Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed. |
| It is also understood that accepted objects will remain on exhibition until May 18, 1980. |
| The submission of objects will be construed as acceptance of all conditions printed in the entire information. Signature |
| |

ENTRY BLANK

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